

☒ An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	38	MINUS 39 =	0	× \$18.00 (103) =	
Independent Claims	14	MINUS 13 =	1	× \$84.00 (102) =	84.00
If Amendment adds multiple dependent claims, add \$280.00 (104)					
Total Amendment Fee					84.00
If small entity status is claimed, subtract 50% of Total Amendment Fee					42.00
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					42.00

☐ A claim fee in the amount of \$_____ is enclosed.

☒ Charge \$ 42.00 to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By: 
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